



Sexually transmitted infections in men who have sex with men

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Abstract Homosexuality is a global human phenomenon. Although the American Psychiatric Association removed homosexuality from its list of disorders more than 35 years ago, homophobia among physicians is still widely prevalent. Men who have sex with men (MSM) form a relatively new epidemiological risk group for STI. To perform correct management, clinicians evaluating men with male-male sex contacts for STI related complaints or STI screening must obtain a thorough sexual history. Emerging STI like lymphogranuloma venereum, hepatitis C, and multidrug resistant *N. gonorrhoea* strains have been described first in MSM. STI related proctitis often occur in MSM. Within the MSM population, HIV positive patients form a special group affected by STI related diseases, such as anal carcinoma and neurosyphilis. The final part of this review concludes with recommendations to reduce the STI burden in MSM.

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Introduction

Homosexual male-male activity is as old as mankind and a part of life for many men throughout society. A large sex survey conducted by Kinsey et al. in 1970 indicated that a minimum of 20.3% of adult men in the United States in 1970 had sexual contact to orgasm with another man at some time in life; 6.7% had such contact after age 19; and between 1.6% and 2.0% within the previous year.¹ In a more recent report, approximately half the men estimated to have homosexual contacts were currently or previously married.² These estimates incorporated adjustments for missing data and the likelihood of underreporting; yet, they still might reflect lower bounds on the prevalence of same-gender sex among men.

Although the American Psychiatric Association removed homosexuality from its list of disorders more than 35 years ago, homophobia among physicians is widely prevalent.³ Many specialists dealing with sexually transmitted infection (STI) patients are not immune to these feelings of aversion, even if they have experience with the larger spectrum of human sexual behavior and desire.⁴ Even today, homosexuality is considered aberrant and a danger to society in many parts of the world. Anti-homosexual feelings, prosecution, and exclusion of homosexuals have led to undeserved suffering and threaten the health and well-being of many individuals, as well as society at large. Health care workers should do all they can to alleviate the vehemence and take a stand against homophobic attitudes and practices in society.

In the first part of this contribution, I shall address MSM as an epidemiological risk group for relatively newly occurring STIs like lymphogranuloma venereum (LGV),

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hepatitis C, and multidrug resistant *N gonorrhoea* strains. The second part is dedicated to STI related proctitis and STI-related diseases found often in HIV positive MSM, such as anal carcinoma and neurosyphilis. The final part concludes with recommendations to reduce the STI burden in MSM.

The acronym MSM (men who have sex with men)

Being homosexual can have different meanings. First it can describe someone's *behavior*; that is, a person engaging in sexual contacts with persons of the same sex.⁴ To assess the risk of having an STI, health care providers prefer to use the term "men who have sex with men" (MSM) over terms like homosexuals or bisexuals. Today, few physicians know the true meaning of these names. The same vocabulary men who have sex with women (MSW), and women who have sex with men (WSM) are used nowadays in the STI literature.⁵

The second meaning of being homosexual refers to one's *preference*. Homosexual desire or preference does not have to lead to behavior or activity. Many religions do condemn homosexual activity but not the desire itself. A significant proportion of the population will keep their preference secret in fear of rejection. The third meaning of being homosexual reflects one's *identity*. This reflects a life style that is consistent with, and self-defined by, same sex desire and behavior. Male homosexual identity is often referred to as being gay. Sexual identity is for the large part a Western construct and less relevant outside industrialized countries. Large parts of the adult population do not seek to create a specific identity based on their sexual activities.

Outside the industrialized Western world, other sexual identities do exist. On the Indian subcontinent, the Hijras (transgendered MSM also known as the "third sex"), Kothis, and Panthis; in Thailand and Laos, the Katoey; and in Cambodia the Sray Sros and Pros saat are examples of MSM, some effeminate some masculine in appearance and acting.⁴

It is not so much one's sexual preference, desire, or identity (ie, homosexual or heterosexual orientation) accounting for an increased risk for STI. A happily married man identifying himself as heterosexual may outside his permanent relationship have sex with men and thereby expose himself to an increased risk for STIs.² Direct enquiries into a persons' sexual desires, orientation, or identity can lead to (incorrect) socially acceptable responses. As a result, relevant information on risk behavior is missed. It is, therefore, more appropriate in an STI risk assessment consultation to ask for sex partners ("Do you have sex with men and/or women?"). The term MSM has been debated, because it is said to obscure social dimensions of sexuality; undermine the self-labeling of lesbian, gay, and bisexual people; and does not sufficiently describe variations in sexual behavior.⁶

Classical and new risk groups for STI

STIs are associated with risk groups that engage in sex with multiple partners. From a historical perspective, sailors, soldiers, and sex workers (prostitutes) were individuals with a polygamous life style and were thus often exposed to STI. Even today, travelling abroad, either for labor or leisure, is associated with risky contact and can be seen in countries where work related migration is on the rise.^{7,8}

Homosexual male-male activity as a strong risk factor for STI is a relatively modern phenomenon.⁹ On the basis of epidemiological data, MSM are more frequently diagnosed with STIs compared to the general population. This is attributed to the higher number of sex partners (casual sex) among men with a homosexual (gay) life style.¹⁰ Other possible biological reasons why MSM are more at risk for STI are: more frequent penetrative and receptive sex; exposure of highly receptive tissues for pathogen transmission like anorectal mucosa, the inner surface of the foreskin and the urethral meatus.⁴ Sociological explanations for increased exposure to STI in MSM are: ignorance and myths exist around (the danger of) male-male sexual contact; barrier protection is not required for contraceptive reasons and might lower the use of condoms; illegality, homophobia, and stigmatization of male-male love and sex discourages stable relationships, and encourages casual, fleeting, anonymous, and opportunistic contacts; and increased use of disinhibiting substances.

Criminalization of homosexuality

Although homosexuality is becoming more and more accepted in many countries of the world, in large parts of society it is still considered as deviant, unnatural, and to be discouraged.¹¹ Although considered a crime already in medieval Western Europe, homosexuals were not persecuted systematically until the 19th century under the ruling of Victorian/puritanistic influences in society.^{12,13} It was then that engaging in homosexual acts became considered illegal and punished with jail sentences. The criminalization of homosexual acts was widely dispersed around the globe via colonial laws throughout the overseas territories of the European powers.^{14,15}

With the gay liberation movement starting in early 1970, homosexuals started their emancipation in Western society, and homosexuality was decriminalized. Equal rights for homosexuals are now a fact in many countries.¹⁶ This is not the case in other parts throughout the world. Recent atrocities towards homosexuals in Russia¹⁷ and Uganda¹⁸ are just examples of hostile societies against sexual minorities. A cross-sectional study in Malawi, Namibia, and Botswana was performed with 537 MSM.¹⁹ Concurrency, unprotected anal intercourse, and the use of petroleum-based lubricants when using condoms were all common. Human rights

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